SUBMIT: COMPLETED APPLICATION, TAX STATES ENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent: _

Address to send permit _

APPLICATION FOR PERMIT



Permit #: Amount Pald: Refund:

INSTRUCTIONS: No Checks are made pa DO NOT START CON	yable to: Bay	rfield Cou	inty Zoning D	epartment.	-	field Co. Zoning Plicant. Origina		plication MUST	be submitted	FILL	OUT IN INK (P	IO PEN	CIL)
TYPE OF PERMIT Owner's Name: A いら Address of Propert	AAC		Hot!	AND USE	Mail P	ing Address: Box 97 City/State/Zip: Port W	ַ <u></u> י י		LUSE SPECIAL y/State/Zip: ort Wing 5486		, 59865	Telepho 7/3 Cell Pho Plumbe	ne: - 77 4 - 8 3 / 5' ne: 19 -7754
Contractor: Kon Ca Authorized Agent:	(Person Signir	>∆ > ∂ (og Applica	a ler	of Owner(s))	715	ractor Phone: 6-7<i>7</i>4-3<i>58</i>5 nt Phone:			, Address (include City	//State,	/Zip):	Written Authori Attache	zation
PROJECT	Legal D	escrintio	on: (Use Ta	x Statement)		Tax ID# 28409	l				ded Document:		Ownership)
LOCATION		I Section	Gov't Lot	Lot(s)	CSM 1 3/9	Vol & Page C	SM D	00c# Lot	(s) # Block #		ivision:		
Section 22	7 , Towns	ship <u>5</u>	<u>O N</u> N, R	-0. /	N	Town of:	130	Wing		Lot S	520	Acre 0. 5	age より
□ Shoreland _	Creek	or Land	ward side o	n 300 feet of Riv of Floodplain? n 1000 feet of L	lf ake, Po	ream (incl. Intermittent yescontinue —) ond or Flowage yescontinue —	>		ture is from Shoreli ture is from Shoreli	feet	Is your Prope in Floodpla Zone? Yes		Are Wetlands Present? ☐ Yes ☐ No
Value at Time of Completion * include donated time & material		Project		Project # of Storie	s	Project Foundation		Total # of bedrooms on property	Sewer/ Is on	Sanita the p	ype of iry System(s) roperty <u>or</u> se property?		Type of Water on property
S. W. Hateriai	□ New 0	Constru	iction	1-Story		☐ Basement		1	Municipal/City (New) Sanitary Specify Type:				X-City
\$	\$ Additi			☐ 1-Story + Loft		☐ Foundation		Sanitary (Exist			s) Specify Type:		□ Well
15,000	☐ Reloc	☐ Conversion ☐ 2-S ☐ Relocate (existing bldg) ☐ ☐ ☐ Run a Business on Property				Use Vear Round		☐ ☐ Privy (Pit) or ☐ None ☐ Portable (w/ser ☐ Compost Toile ☐ None				00 gallon)
Existing Struct Proposed Cons					pplied		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3, Cirr 8'	Width: 75 Width: 12	•	Heigh Heigh		2 '
Proposed	Use	~				Proposed Stru	ctur	e			Dimensions		Square Footage
						ructure on propeing shack, etc.)	rty)	,		+	X)	
X Residenti	ial Hea		Residen	with Loft		18 3114017				(х)	
M Resident	iai Osc			with a Po with (2 nd)		1				(X)	
				with a De						(Х)	
☐ Commer	cial Use			with (2 nd)				<u> </u>		+	X)	
Commen	ciai Osc			with Atta				Dline 1	2 feed area facilities	\ \ \	x	+	
				use w/ (∐ sani Home (manufa			ters,	or U cooking a	& food prep facilities	(X	,	
			Additio	n/Alteration	explai	n)_Enclose	<u>.</u> d	Porch		1	12' × 28	7)	33654
☐ Municipa	al Use									(Х)	7
						n/Alteration (ex				(Х)	
☐ Special Use: (explain				Use: (explain)					(Х)		
										(X	<u> </u>	
				(explain)		where the first start is a time of the start is the same of the sa	no.	1841TL1751TT-A-55PP-A	MTAMHA DECHITANIDEN	IAITIES	X)	
(are) responsible result of Bayfield property at any re	for the detail ar I County relying easonable time	nd accuracy on this info for the pur	g any accompai of all informat ormation I (we) pose of inspect	nying information) ha ion I (we) am (are) pr am (are) providing i ion	s been e oviding a n or with	xamined by me (us) and to and that it will be relied up this application. I (we) co	o the b pon by onsent	pest of my (our) know Bayfield County in the to county officials c	AIT WILL RESULT IN PEN vledge and belief it is true, Jetermining whether to iss harged with administering	correct a se a pern	nd complete. I (we) a nit. I (we) further acc dinances to have acc	ess to the a	bove described
(If there are	Multiple Ow	ners list	ed on the De	ed <u>All</u> Owners m	ust sig	n <u>or</u> letter(s) of autho	orizat	tion must accom	pany this application)		Date		

Copy of Tax Statement If you recently purchased the property send your Recorded Deed

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE vor Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction** Location of: iow / Indicate: North (N) on Plot Plan (*) **Driveway** and (*) **Frontage Road** (Name Frontage Road) show Location of (*): All Existing Structures on your Property Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond Show any (*): (*) Wetlands; or (*) Slopes over 20% Show any (*):

やこと

£ 7

Proposed Const.

School Road

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Setback Measuremen	ıts	Description	Setback Measurements				
C. I. I. Constitute of Planta de Parad		Feet	Setback from the Lake (ordinary high-water mark)	C-American construction of the Construction of	Feet			
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	20 24	Feet	Setback from the River, Stream, Creek		Feet			
Setback Holli the Established Mark of Truy	P 3		Setback from the Bank or Bluff	The state of the s	Feet			
Setback from the North Lot Line	25	Feet						
Setback from the South Lot Line	30 39-?	Feet	Setback from Wetland	Magazina and Paris'	Feet			
Setback from the West Lot Line	20.45	Feet	20% Slope Area on the property	☐ Yes	□ No			
Setback from the East Lot Line	93.95	Feet	Elevation of Floodplain		Feet			
Setback to Septic Tank or Holding Tank	N/A	Feet	Setback to Well	-52	Feet			
Setback to Drain Field	V/A	Feet						
Setback to Privy (Portable, Composting)	V/A	Feet	undary line from which the setback must be measured must be visible from					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (Coun	ity Use Only)	Sanitary Number: $ ho$	runicipal	# of bedrooms:	Sanitary Date:						
Permit Denied (Date):		Reason for Denial:	Reason for Denial:								
Permit #: 21-0089		Permit Date: 4-30	<i>ভা</i>		+						
Is Parcel a Sub-Standard Lot Sparcel in Common Ownership Structure Non-Conforming Structure Version St		uous Lot(s)) [] No	Mitigation Required Mitigation Attached	THE RESIDENCE OF THE PROPERTY OF THE PARTY O	Affidavit Required						
Granted by Variance (B.O.A.)	sse #:	· ·	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:								
Was Parcel Legally Cr Was Proposed Building Site Delin			Were Property Line	☐ Yes ☐ No ☐ Yes ☐ No							
Inspection Record: 5, te 5+ Corr plant. CSM	alud and lindicates	owner on s 40' from CL R	ite, oppear	s Coole	Zoning District (R4) Lakes Classification ()						
Date of Inspection: $4-28$	- 21	Inspected by:	ad Norwoo	J	Date of Re-Inspection:						
Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.) Must obtain a Uniform Dwelling Code (UDE) permet from the locally contracted UDC inspection agency prior to Start of Construction, if required. Must meet											
Signature of Inspector:	d Noru	red			Date of Approval: 4-29-						
Hold For Sanitary:	Hold For TBA:	Hold For Aff	idavit: 🗌	Hold For Fees:							

ity, Village, State or Federal May Also Be Required

AND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 21-0089 Issued To: Sandra Hoth & Nancy Lee

Location: NE ¼ of SW ¼ Section 28 Township 50 N. Range 8 W. Town of Port Wing

Gov't Lot Lot 4 Block Subdivision CSM# 1319

For: Residential Addition / Alteration: [1- Story; Enclosed Porch (12' x 28') = 336 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must obtain a uniform dwelling code permit from the locally contracted UDC inspection agency prior to start of construction, if required. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

April 30, 2021

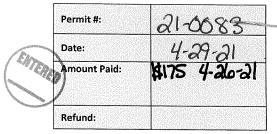
Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County Planning and Zothing Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

7



INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CON	VSTRUCTION	N <u>UNTIL A</u>	ALL PERMITS H	HAVE BEEN ISSUE	O TO AP	PLICANT. Origi	nal A	opplication	MUST	[be sub	mitted	FIL	LOUT IN IN	K (N	O PEN	ICIL)
TYPE OF PERMIT	REQUEST	ΓED 		LAND USE	SAN		Y [CONDI	AND DESCRIPTIONS		☐ SPECIA	L USE	□ B.O.A	Ū	OTHE	R
Owner's Name:	MOI A	DIA	MARE	Q	Mai	ling Address: Saya	E.A.		Cit	ty/State,	/Zip:				Telepho	ne: - 794
Address of Propert	ty:		renor	<u> </u>	City/State/7in:							2949				
MIKE + M Address of Propert 2 4330	000	247-	1 Huz	101	CABLE W/ 54821						Cell Phone:				ne:	
Contractor: MBCK	_	-				tractor Phone: - 798-3657		Plumbe	er:					1	Plumbe	r Phone:
Authorized Agent:	Authorized Agent: (Person Signing Application on behalf of Owner(s))					nt Phone:		Agent I	Vailing	Addres	s (include City	y/State/	Zip): a		Written	
						7/5 30 - 0/5 7		14	29	5-10	s (include City インム/Vル	20 G	ポナ んり	7 1	Authori	
15 Bil L	KARL KASTRUSKY						7	1 0	BL	BUE	WI.	54	5482/ Attached □Yes □ No Recorded Document: (Showing Ownership)			
PROJECT	Legal	Descrip	tion: (Use T	ax Statement)		Tax ID#		,				Recorded Document: (Showing Own 2012 R 5475				Ownership)
Gov't Lot Lot(s)					CSM	36 S			T,		1				7 7	700
1/4,1/4 Gov't Lot Lot(s)				CSIVI	1 - 1	/8	Doc#	Lot((S) #	Block #	Subdi	vision:				
Section 2		1888	1_/			Town of;	10			/		Lot Si	7e		Acrea	
Section	7, low	nsnip	7_) N, R	ange	W	No.	4	9216G	E)4							95AC.
						eam (incl. Intermitte		Distance	Struct	ure is fr	om Shorelir	ne :	Is your Pr		/ д	re Wetlands
☐ Shoreland _				of Floodplain?		yescontinue —	>					feet	in Flood Zond		1.	Present?
	☐ Is P	roperty	/Land withi	n 1000 feet of L		ond or Flowage yescontinue —		Distance	Structo		om Shorelir		□Y			Æ(Yes □ No
☐ Non-Shoreland	1		11001011			yes continue		***************************************				feet	ZKN	lo		LINO
_ Non-Shoreland	4,33	******								200				****		
Value at Time						-		Total #	of		W	hat Ty	pe of			Type of
of Completion * include		Projec	t	Project		Project		bedroo	ms			and a serie by the set of all	y System(:	s)		Water
donated time	onated time		# of Storie			Foundation		on					perty <u>or</u>	•	on proper	
& material	☐ New	Constri	uction	☐ 1-Story	☐ Basement			propei	Ly	.y will be c						
\$ -				☐ 1-Story +	<u>. </u>						(New) Sanitary Specify Type:					☐ City
	□ Addit	ion/Ai	teration	Loft	☐ Foundation			□ 2			-					□ Well
	☐ Conv	ersion		☐ 2-Story	☐ Slab			□ 3		☐ Sanitary (Exists) Specify Type:						
	☐ Relocate (existing bldg)						☐ ☐ Privy (Pit) or			□ Va	☐ Vaulted (min 200 gallon)					
	☐ Run a		ess on	Use			□ Noi									
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With the state of	11 % 100		FAILURE TO	OBTAIN A PERMIT	F <u>or</u> STA	RTING CONSTRUCTION	JN WI	ITHOUT A PE	RMITV	WILL RESU	JLT IN PENALT	TIES				
(are) responsible for th	ne detail and a	accuracy of	ny accompanyin all information	g information) has be I (we) am (are) provid	en exam ding and t	ined by me (us) and to t hat it will be relied upo	he bes n by B a	t of my (our) k ayfield County	nowledg	ge and beli mining wh	ef it is true, corr ether to issue a	ect and co	(we) further ac	cept liab	oility whic	h may be a
result of Bayfield Cour	nty relying on	this inforn	nation I (we) am se of inspection.	(are) providing in or	with this	application, I (we) cons	ent to	county officia	ls charge	ed with adu	ministering coun	nty ordina	nces to have ac	cess to	the above	described

Owner(s):	Date
(If there are Multiple Owners listed on the Deed All Owners must sign of letter(s) of authorization must accompany	
Authorized Agent: Manual Manua	Date 4/2//202/
	Attach
Address to send permit 14295 MCNA-EUT LO CABLE, CUI	Copy of Tax Statement
	If you recently purchased the property send your Recorded Deed

ox below: <u>Draw</u> or <u>Sketch</u> you	ir Property (regan	mess of what you a	ic ap	pryring ror)	Fill Out in	lnk – .	NUPEN	CIL		
(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*):	All Existing Stru (*) Well (W); (* (*) Lake; (*) Riv	ot Plan <u>nd</u> (*) Frontage Roa uctures on your Pro	perty (*) D i e k; o	ain Field (DF); (*) Holo	ling Tank (HT) and/or (*) Privy	(P)		_	
SEE	BITA	4 CH EL)							
								/		
ease complete (1) – (7) above (pri		pint)		Changes	in plans must be appro	ved by t	he Planning {	& Zoning	Dept.	
Description		Setback Measurements			Description			Setback asureme		
back from the Centerline of Platte back from the Established Right-of	d Road f-Way	40 + Feet	5000000	Setback from the La Setback from the Ri Setback from the Ba		r mark)	290		Feet Feet Feet	
tback from the North Lot Line		/00 Fee	- 10000	Setback from Wetla			5'		Feet No	
tback from the South Lot Line tback from the West Lot Line		40 Fee	t	20% Slope Area on	20% Slope Area on the property Elevation of Floodplain					
tback from the East Lot Line	3	<i>300</i> ' Fee	t	Elevation of Floodp	iain		1/		Feet	
tback to Septic Tank or Holding Tar		Uh Fee	- 1000	Setback to Well			///		Feet	
etback to Privy (Portable, Compostir or to the placement or construction of a structure her previously surveyed corner or marked by a lice for to the placement or construction of a structure is previously surveyed corner to the other previous arked by a licensed surveyor at the owner's expens	within ten (10) feet of the insed surveyor at the own more than ten (10) feet I saly surveyed corner, or ve	e minimum required setbarer's expense.	ck, the	the minimum required cathack	the boundary line from which th	e setback n	nust be measured	must be vis	ible from	
(9) Stake or Mark Prop NOTICE: For the Construct You are responsible for complying with state to identify. Failure to comply may result in resources wetlands identification web page	: All Land Use Permi ction Of New One & The local To e and federal laws con	ts Expire One (1) Year Two Family Dwelling: own, Village, City, Stat cerning construction no tion of construction th	r from ALL M te or F ear or nat vio	the Date of Issuance if Co Municipalities Are Require ederal agencies may also on wetlands, lakes, and stre lates the law or other pena	onstruction or Use has not d To Enforce The Uniform require permits.	begun. Dwelling	g Code. ed with open w	ater can be	e difficult	
ssuance Information (County		Sanitary Number:		1	of bedrooms:	Sanit	ary Date:			
Permit Denied (Date):	OSC OINTY	Reason for Denial:								
Permit #: 21-6083	501 101	Permit Date: 4	-29	1-21				r		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership	Yes (Deed of Record Yes (Fused/Contigu Yes	ous Lot(s)) 🛮 💆	No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes		vit Required vit Attached	□ Yes □ Yes	₫ No á No	
Granted by Variance (B.O.A.) Yes No Case	#:			Previously Granted by ☐ Yes ☐ No		se #:			Company of the Compan	
Was Parcel Legally Creat Was Proposed Building Site Delineat		Were Property Lines Represented by Owner Was Property Surveyed Yes Yes					No			
nspection Record:	0						ing District es Classification	(K	-()	
Date of Inspection:	28/21	Inspected by:	<u> </u>	//		Date	e of Re-Inspe	ction:		
Condition(s): Town, Committee or Bo	ard Conditions Atta	eched? Yes No	o-(11 2 b	no they need to be atte	acnea.)					
Signature of Inspector:	110w 15057 1 2	Managemen	17	raclices			Date of App	roval: 🙎	//29/	
C I Ji Q	Mer To		Or Aft	idavit: 🗆	Hold For Fees:				11011	
Hold For Sanitary: 🔲 F	Hold For TBA: 🔲 _	Hold F	or Aff	iudvit: 🗆	HORIOTICES. L					

G.L. 4 SEC. 13 G.L. 1 SEC. 24 WETLANDS C/L TRAIL WETLANDS 1/92.90 401 40 = 1600 to A Wit property, 1000% it 10 BE SOLE Shife F 10 -7 SHAPED ACEA CSM NO. -- 810 CLSS EASEMENT 259,211 SQ. FT. 259,5.95 AC. SCALIE 1"=60"

City, Village, State or Federal ermits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL - Class A CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

21-0083 Michael & Mary DAndrea / Karl Kastrosky, Agent Issued To: No. 24 Town of **Namakagon Township** 43 Range 6 W. Location: Section 1/4 of CSM# 1052 Subdivision Gov't Lot Block Lot

For: Residential Other: [Shoreland Grading = 1,400 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Fill where proposed. Follow best management practices.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

April 29, 2021

Date